Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 1 of 56

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Central District of California	
Case number (If known): 2:22-bk-15	5ZI-DSChapter you are filing under:
	Chapter 7
	Chapter 11
	Chapter 12
	Chapter 13



Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct aformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Edmund	
	government-issued picture identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
	Bring your picture	Cheung	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8	First name	First name
	years	- ilst ilanis	- Hot Hame
	Include your married or maiden names and any assumed, trade names and	Middle name	Middle name
	doing business as names.	Last name	Last name
	De NOT Est Hanning of any	EQUISYS GROUP LLC	
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 1583	xxx - xx -

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 2 of 56

			Main Document	1 age 2 01 30	
Debtor 1	Edmund		Cheung		Case number (if known) 2:22-bk-15521-
	First Name	Middle Name	Last Name		DS.

		About Debtor 1:			About Debtor 2 (Spouse Only in a	Joint Case):
4.	Your Employer	82-4884904					
	Identification Number (EIN), if any.	EIN			EIN		
5.	Where you live				If Debtor 2 lives a	at a different add	ress:
		12975 Agustin Place #	337				
		Number Street			Number Street		
		— Playa Vista	CA	90094			
		City	State	ZIP Code	City	State	ZIP Code
		LOS ANGELES-CA					
		County			County		
		any notices to you at th	nis mailing ad	dress.	any notices to this	mailing address.	
		Number Street			Number Street		
		P.O. Box			P.O. Box		
		City	State	ZIP Code	City	State	ZIP Code
6.	Why you are choosing	Check one:			Check one:		
	this district to file for bankruptcy	Over the last 180 I have lived in this other district.				180 days before f this district longe	
		I have another rea (See 28 U.S.C. §			I have anothe (See 28 U.S.	er reason. Explain. C. § 1408.)	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 3 of 56

Debtor 1	Edmund		Cheung	Case number (if known)	2:22-bk	-15521-
	First Name	Middle Name	Last Name			D

Pa	Tell the Court Abo	ut Your	Bankru	ptcy Case			
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	are choosing to file	☐ Chá	apter 7				
	under	=	apter 11				
		☐ Cha	apter 12				
		✓ Cha	apter 13				
8.	How you will pay the fee	loca you sub with	al court for real cou	or more details about may pay with case our payment on your payment on your inted address. The fee in insta	but how you may posh, cashier's check our behalf, your atto	ay. Typically, if you are or money order. If yo orney may pay with a coose this option, sign a	our attorney is credit card or check and attach the
		Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
		By less pay	law, a ju s than 15 the fee	dge may, but is not 50% of the official p in installments). If	t required to, waive poverty line that app you choose this op	your fee, and may do plies to your family siz	you are filing for Chapter 7. o so only if your income is e and you are unable to the Application to Have the etition.
•	11						
9.	Have you filed for bankruptcy within the last 8 years?	✓ No. ☐ Yes	. District		When MM /	Case Number	
					1411117	55, 1111	
10.	Are any bankruptcy cases pending or being filed by a spouse who is	✓ No.	. Debtor			Relationship t	o you
	not filing this case with you, or by a business partner, or by an affiliate?		District		WhenMM /	DD / YYYY	; if known
11.	Do you rent your residence?	✓ No.	□ No	ur landlord obtained a No. Go to line 12 s. Fill out <i>Initial State</i>	ement About an Evic		ou (Form 101A) and file it as
						ion Judgment Against Yo	วน (Form 101A) and file it a

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 4 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2 2 - 15521
	First Name	Middle Name	Last Name	

Pa	Report About Any	Businesse	s You Own as a Sole Pi	oprietor				
12.	Are you a sole proprietor of any full- or part-time business?	☐ No. ✓ Yes.	Go to Part 4. Name and location of busin	ess		· · · · · · · · · · · · · · · · · · ·		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		EQUISYS GROUP LLC Name of business, if any 4712 Admiralty Way #498 Number Street					
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		Marina del Rey City Check the appropriate box	to describe your busin	CA State	90292 ZIP Code		
			Health Care Business Single Asset Real Esta Stockbroker (as define Commodity Broker (as None of the above	(as defined in 11 U.S Ite (as defined in 11 U d in 11 U.S.C. § 101(.C. § 101(27A)) J.S.C. § 101(51B 53A))	3))		
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S.C.§ 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C.§ 101(51D).	choosing to are a small most recenif any of the No. I No. I the Yes. I Compared to the Yes.	e filing under Chapter 11, the court must know whether you are a small business debtor or a debtor to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you all business debtor or you are choosing to proceed under Subchapter V, you must attach your ent balance sheet, statement of operations, cash-flow statement, and federal income tax return or these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.					
Pa	Report if You Own	or Have A	any Hazardous Property	or Any Property	That Needs In	nmediate Attention		
74.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	✓ No. ☐ Yes.	What is the hazard? If immediate attention is needed, why is it needed? Where is the property?	Number Street City		State ZIP Code		

First Name

Cheung Last Name

Middle Name

Case number (if known) 2:22 - 15521 -

Part 5:

Debtor 1 Edmund

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
You must check one:		You	u must check one:		
counseling agency	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion		I received a briefing from an approved cre counseling agency within the 180 days be filed this bankruptcy petition, and I receive certificate of completion.		
	e certificate and the payment u developed with the agency.			he certificate and the payment ou developed with the agency.	
counseling agency	g from an approved credit v within the 180 days before I cy petition, but I do not have a eletion.		counseling agen	ing from an approved credit cy within the 180 days before I otcy petition, but I do not have a apletion.	
	you file this bankruptcy petition, y of the certificate and payment		•	er you file this bankruptcy petition, opy of the certificate and payment	
services from an a unable to obtain th days after I made r	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			ked for credit counseling approved agency, but was those services during the 7 amy request, and exigent herit a 30-day temporary waiver nt.	
requirement, attach what efforts you ma you were unable to bankruptcy, and wh	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.			ay temporary waiver of the ch a separate sheet explaining nade to obtain the briefing, why to obtain it before you filed for what exigent circumstances e this case.	
dissatisfied with you briefing before you t If the court is satisfie still receive a briefin You must file a certi agency, along with	dismissed if the court is ur reasons for not receiving a filed for bankruptcy. ed with your reasons, you must ig within 30 days after you file. ifficate from the approved a copy of the payment plan you if you do not do so, your case	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you mustill receive a briefing within 30 days after you file You must file a certificate from the approved agency, along with a copy of the payment plan y developed, if any. If you do not do so, your case may be dismissed.			
•	e 30-day deadline is granted s limited to a maximum of 15	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 1 days.			
I am not required t	o receive a briefing about because of:		I am not required credit counseling	d to receive a briefing about g because of:	
d	have a mental illness or a mental eficiency that makes neincapable of realizing or making ational decisions about finances.		☐ Incapacity.	I have a mental illness or a mental deficiency that makes meincapable of realizing or making rational decisions about finances.	
to b th	ly physical disability causes me be be unable to participate in a riefing in person, by phone, or nrough the internet, even after leasonably tried to do so.		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
	am currently on active military uty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.	
briefing about credit	e not required to receive a counseling, you must file a credit counseling with the court,		briefing about cred	are not required to receive a dit counseling, you must file a of credit counseling with the court.	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 6 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2122 - Ы - (55)
	First Name	Middle Name	Last Name	

Pa	Answer These Que	estions for Reporting Purpose	es		
16.	What kind of debts do you have?	 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(i as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obta money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17 16c. State the type of debts you owe that are not consumer debts or business debts. 			
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?			apter 7. Go to line 18 er 7. Do you estimate that after any exe s are paid that funds will be available to		
18.	How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000	
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Pa	nt 7: Sign Below				
Fo	or you	correct. If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7. If no attorney represents me and this document, I have obtained a I request relief in accordance with I understand making a false state.	I did not pay or agree to pay someone nd read the notice required by 11 U.S.C to the chapter of title 11, United States Cement, concealing property, or obtaining tin fines up to \$250,000, or imprisonmend 3571.	if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed who is not an attorney to help me fill out C. § 342(b). Code, specified in this petition. g money or property by fraud in connection ent for up to 20 years, or both.	
		MM / DD / YYY	Υ	MM / DD / YYYY	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 7 of 56

Debtor 1	Edmund		Cheung	-	Case number (if known) 2:22-14-15521
	First Name	Middle Name	Last Name		

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor		MM / DD / YYYY
Printed name		
Firm name		
Number Street		
City	State	ZIP Code
Contact phone	Email address	
Bar number	State	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 8 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2:22	-bk-15501
	First Name	Middle Name	Last Name		- DC

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property. falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	be familiar w	ith any state exemption laws that apply		
	Are you awar consequence No Yes	re that filing for bankruptcy is a serious ss?	action with long-teri	m financial and legal
	•	re that bankruptcy fraud is a serious cri incomplete, you could be fined or impr	•	bankruptcy forms are
	Did you pay	or agree to pay someone who is not an	attorney to help you	u fill out your bankruptcy forms?
	✓ No ☐ Yes. Na	me of Person		
	Atta	ach Bankruptcy Petition Preparer's Notice, Decl	aration, and Signature (Official Form 119).
X	have read an attorney may	ere. I acknowledge that I understand the id understood this notice, and I am awa cause me to lose my rights or property	re that filing a bank	ruptcy case without an
	Signature of De	btor 1	Signature of De	btor 2
	Date	12/12/2022 MM / DD / YYYY	Date	MM / DD / YYYY
	Contact phone	949-400-4706	Contact phone	
	Cell phone	949-400-4706	Cell phone	
	Email address	ttvsgm@gmail.com	Email address	

Debtor 1	Edmund		Cheung	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing	g)			
	First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: Central Distric	ct of California	

Check if this is an amended filing

Official Form 106Sum

e as complete and accurate as possible. If two married people are filing together, both are equally responsible for formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende our original forms, you must fill out a new Summary and check the box at the top of this page.		
Part 1: Summarize Your Assets		
	Your ass Value of v	ets what you own
Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B	. \$	1010000.00
1b. Copy line 62, Total personal property, from Schedule A/B	. \$	57991.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$	1067991.00
Part 2: Summarize Your Liabilities	Your liab	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	386096.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	. \$	
	. + \$	121626.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		_
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	507722.00
	\$	507722.00
Your total liabilities	\$	507722.00
Your total liabilities Part 3: Summarize Your Income and Expenses		
Your total liabilities Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 1061)		507722.00 8250.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc

			Main Document	Page 10 of 56	
Debtor 1	Edmund		Cheung		Case number (if known) 2:22 -bk - 15521
	First Name	Middle Name	Last Name		-DS

Pa	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes	m to the court with y	our other schedules.
7	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an infamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.		
	Your debts are not primarily consumer debts. You have nothing to report on this part of this form to the court with your other schedules.	of the form. Check t	his box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	e from Official	\$ 10359.00
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim	
	From Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	\$	0.00
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
	9g. Total. Add lines 9a through 9f.	\$	0.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 11 of 56

Fill in this in	ormation to identify your ca	se:				
Debtor 1	Edmund		Cheung			
Debtor 2 (Spouse, if filing)	First Name Middle Nam	ne	Last Name			
	First Name Middle Nam		Last Name			,
ļ	Bankruptcy Court for the: Centra					Check if this is an
Case number (If known)	2,55-pK-1	552	21-05			amended filing
Official F	orm 106A/B					
sche	dule A/B: Pro	per	ty			12/15
category wheresponsible write your n Part 1:	ere you think it fits best. Be for supplying correct informame and case number (if known and case number control of the contro	as comp lation. If own). An e, Build	ms. List an asset only once. If an asset folete and accurate as possible. If two ma more space is needed, attach a separate swer every question. ing, Land, or Other Real Estate You erest in any residence, building, land, or	e sheet to the	e are filing together, nis form. On the top	both are equally of any additional pages,
	o to Part 2. Vhere is the property?					
Pla City LC Co	S ANGELES-CA unty	94 Code	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and anothe Other information you wish to add abo such as local property identification no	Check one. er out this item, umber:	the amount of any sec Creditors Who Have Courrent value of the entire property? \$ 1010000. Describe the nature interest (such as for the entireties, or a fee simple Check if this if (see instruction)	re of your ownership ee simple, tenancy by life estate), if known.
1			or all of your entries from Part 1, including the here.			\$ 1010000.00
Part 2:	Describe Your Vehicles					
			erest in any vehicles, whether they are r hicle, also report it on Schedule G: Executo			
Cars, va	ns, trucks, tractors, sport ut	lity vehic	cles, motorcycles			
☐ No ✓ Yes						

Official Form 106A/B Schedule A/B: Property page 1

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 12 of 56

		Cneung	— Case number (if known	
First Name Mide	dle Name	Last Name		
Make:	Lexus	Who has an interest in the property? Check one.		
		<u> </u>		
			Current value of the	Current value of the
Approximate mileage: Other information:	32360	At least one of the debtors and another	entire property?	portion you own?
		Check if this is community property (see instructions)	\$ 33324.00	\$16662.0
Make:				
Model		Debtor 2 only		
Year:	2007	Debtor 1 and Debtor 2 only		
Approximate mileage:	135000	At least one of the debtors and another	entire property?	portion you own?
Other information:				
		Check if this is community property (see instructions)	\$3500.00	\$ 3500.
Make: Model		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair	ed claims on <i>Schedule L</i>
		Debtor 1 only	the amount of any secure	ed claims on Schedule I ms Secured by Property
e	Model Year: Approximate mileage: Other information: own or have more than Make: Model Year: Approximate mileage: Other information:	Model RX 350 Year: 2017 Approximate mileage: 32360 Other information: own or have more than one, describe Make: Acura Model TL Year: 2007 Approximate mileage: 135000 Other information:	Model RX 350 Debtor 1 only Year: 2017 Debtor 2 only Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Model TL Debtor 1 only Year: 2007 Debtor 1 only Debtor 2 only Debtor 2 only Approximate mileage: 135000 VAt least one of the debtors and another Check if this is community property? Check one. Debtor 1 only Debtor 2 only Approximate mileage: 135000 VAt least one of the debtors and another Check if this is community property (see instructions)	Model RX 350

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 13 of 56

tor 1	Edmund		Cheung	Case number (if known) 2 22-5k - 1552(
	First Name	Middle Name	Last Name	<i>D</i> (

Pa	art 3:	Describe Your Personal	and Household Items	
Do	you ow	n or have any legal or equital	ble interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Housel	old goods and furnishings		
	Exampl	es: Major appliances, furniture,	linens, china, kitchenware	
	☐ No			
	✓ Yes	Refrigerator/f dining table s	freezer, dishwasher, oven, stovetop, microwave, washer, dryer, couch, chair, set, kitchenware, office desk, chairs	\$1000.00
٧.	Electro	nics		
	Exampl		dio, video, stereo, and digital equipment; computers, printers, scanners; music ces including cell phones, cameras, media players, games	
	=		ndbar, PS4 gaming system, Oculus Quest 2 VR system, printer, scanner, laptops, ards, cellphones, router, computer sound card, microphones, speakers	\$1500.00
8.	Exampi —		ntings, prints, or other artwork; books, pictures, or other art objects; rd collections; other collections, memorabilia, collectibles	
	✓ No Yes	s. Describe		\$
9.	Example No	and kayaks; carpentry tools	cise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; musical instruments s, bodyboards, snowboards, snow gear, guitars, drums	\$500.00
6	☑ No		nmunition, and related equipment	\$
11.	Clothe Examp		ther coats, designer wear, shoes, accessories	
	✓ Ye	s. Describe shirts, pants,	jackets, shorts, hoodies, hats, underwear, socks, regular everyday clothes	\$ 300.00
12.	Jewelr Examp	•	e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
		s. Describe		\$500.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 14 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2:22-5K-1
	First Name	Middle Name	Last Name		
magy year of the second second second	i segoco menini iyo iyo ab yopimiiyo i si may a mininbasaanaan 1996 anoo na 1971 bilancaan				Company and the company of the compa
13. No	n-farm animals				
Ex	amples: Dogs, cats, b	oirds, horses			t parties and the second secon
V	No				1. (A.A.)
	Yes. Describe			\$	
4 Ar	. *	nd household item	s you did not already list, including any health aíds you did	not list	
بــا جسم	No Or In	Dumbhall ast have		00001071	400.00
✓	Yes. Give specific information	massage gun	ing set-up and gear, workout gear, inversion table, dip station, r	ecovery \$	400.00
	ld the dollar value of Part 3. Write that n		from Part 3, including any entries for pages you have attach	ched	4200.00
				- L	
for	r Part 3. Write that n	umber here,			4200.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 15 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2 122-5k-1552
	First Name	Middle Name	Last Name	_ D'

	you own or have any le	egal or e	equitable interest in an	y of the following?	Current va portion you Do not dedu or exemption	u own? ct secured claim
16.	Cash					
	<i>Examples:</i> Money you h	ave in y	our wallet, in your home,	, in a safe deposit box, and on hand when you file your petition		
	√ No					
	Yes			Cash:	. \$	
17.	Deposits of money					
				ts; certificates of deposit; shares in credit unions, brokerage house tiple accounts with the same institution, list each.	es,	
	☐ No					
	✓ Yes			Institution name:		.=== .
		17.1	Checking account:	Wells Fargo 1	\$	1732.00
		17.2	Checking account:	Wells Fargo 2	\$	1458.00
		17.3	Savings account:	Wells Fargo 3	\$	1384.00
		17.4	Checking account:	Schools First	\$	1224.00
		17.5	Savings account:	Schools First	\$	7410.00
18.	Bonds, mutual funds, on Examples: Bond funds,	•	•	rage firms, money market accounts		
18.		investm Institut	ion or issuer name:	rage firms, money market accounts		
18.	Examples: Bond funds, No	investm	ion or issuer name:	rage firms, money market accounts	\$	606.00
	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, an	Institut Fidelit	ent accounts with broken ion or issuer name: ty I interests in incorpora	rage firms, money market accounts ted and unincorporated businesses, including an interest in	\$	606.00
	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, an	Institut Fidelit	ent accounts with broken ion or issuer name: ty I interests in incorpora		\$	606.00
	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, and No Yes. Give specific information about	Institut Fidelit ock and	ent accounts with broker ion or issuer name: ty I interests in incorpora venture	ted and unincorporated businesses, including an interest in	\$	606.00
	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, and No Yes. Give specific	Institut Fidelit ock and nd joint	ent accounts with broker ion or issuer name: ty I interests in incorpora venture of entity:	ted and unincorporated businesses, including an interest in		
	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, and No Yes. Give specific information about	Institut Fidelit ock and nd joint	ent accounts with broker ion or issuer name: ty I interests in incorpora venture	ted and unincorporated businesses, including an interest in	\$ 	606.00
19.	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, and No Yes. Give specific information about them	Institut Fidelit ock and nd joint Name EQUI: orate bo	ent accounts with broker ion or issuer name: ty I interests in incorpora venture of entity: SYS GROUP LLC ands and other negotial personal checks, cashier	ted and unincorporated businesses, including an interest in % of ownership: 100 % ble and non-negotiable instruments rs' checks, promissory notes, and money orders.		
19.	Examples: Bond funds, No Yes Non-publicly traded storan LLC, partnership, and Yes. Give specific information about them Government and corponagotiable instruments in Non-negotiable instruments.	Institut Fidelit ock and nd joint Name EQUI: orate bo	ent accounts with broker ion or issuer name: ty I interests in incorpora venture of entity: SYS GROUP LLC ands and other negotial personal checks, cashier	ted and unincorporated businesses, including an interest in % of ownership: 100 %		
19.	Examples: Bond funds, No Yes Non-publicly traded stran LLC, partnership, and No Yes. Give specific information about them	Institut Fidelit ock and nd joint Name EQUI: orate bo	ent accounts with broker ion or issuer name: ty I interests in incorpora venture of entity: SYS GROUP LLC ands and other negotial personal checks, cashier	ted and unincorporated businesses, including an interest in % of ownership: 100 % ble and non-negotiable instruments rs' checks, promissory notes, and money orders.		
19.	Examples: Bond funds, No Yes Non-publicly traded storm LLC, partnership, and No Yes. Give specific information about them Government and corponal Negotiable instruments in Non-negotiable instruments i	Institut Fidelit ock and nd joint Name EQUI: orate bo	ent accounts with broken ion or issuer name: ty I interests in incorporativenture of entity: SYS GROUP LLC ands and other negotial personal checks, cashier those you cannot transfer	ted and unincorporated businesses, including an interest in % of ownership: 100 % ble and non-negotiable instruments rs' checks, promissory notes, and money orders.	\$	
19.	Examples: Bond funds, No Yes Non-publicly traded storan LLC, partnership, and Yes. Give specific information about them Government and corpon Negotiable instruments in Non-negotiable instruments in No	Institut Fidelit ock and nd joint Name EQUI: orate bo nclude pents are	ent accounts with broken ion or issuer name: ty I interests in incorporativenture of entity: SYS GROUP LLC ands and other negotial personal checks, cashier those you cannot transfer	ted and unincorporated businesses, including an interest in % of ownership: 100 % ble and non-negotiable instruments rs' checks, promissory notes, and money orders.		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 16 of 56

or 1 Edmund		Cheung Case nu	umber (if known) 2	22-bk-1552
First Name	Middle Name	Last Name		<u> </u>
☐ No ✓ Yes. List each	· · · · · · · · · · · · · · · · · · ·			
account separately.	Type of account:	Institution name: Capital Group	\$	364.00
	IRA:	Fidelity	\$ \$	7757.00
	IRA:	Vanguard	\$ \$	1080.00
	401(k) or similar pla		\$	10614.00
	., .		·	The state of the s
	d deposits you have	made so that you may continue service or use from a company aid rent, public utilities (electric, gas, water), telecommunications		
Yes		Institution name or individual:		
			\$	
✓ No☐ Yes	Issuer name and d	scription:	\$	
Interests in an educati 26 U.S.C. §§ 530(b)(1),		unt in a qualified ABLE program, or under a qualified state tuition (1) .	program.	
✓ No☐ Yes	Institution name an	description, Separately file the records of any interests.11 U.S.C. § 521(c):	\$	
Trusts, equitable or fu exercisable for your b		operty (other than anything listed in line 1), and rights or powers		
No Yes. Give specific information about t	hem		\$	
		ecrets, and other intellectual property s, proceeds from royalties and licensing agreements		
✓ No Yes. Give specific information about t	hem		\$	90
		ntangibles ses, cooperative association holdings, liquor licenses, professional lice	enses	
✓ No✓ Yes. Give specific information about t	hem		\$	

Official Form 106A/B Schedule A/B: Property

Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 17 of 56 Case 2:22-bk-15521-NB

	Edmund		Cheung	Case number (ii kii	- , 55 SC
	First Name	Middle Name	Last Name		2:22-HK.
one	or property ow	red to you?			Current value of the
					Do not deduct secured claims or exemptions.
	refunds owed	to you			
<u> </u>	No Yes. Give spec	ific information		Fatanti	•
	about ther	n, including whether		Federal:	*
		ly filed the returns x years		State:	\$
		A yours		Local:	\$
. Fa	mily support				
		e or lump sum alimony,	spousal support, child support, mair	tenance, divorce settlement, property settle	ment
\checkmark	No				
	Yes. Give spec	ific information		Alimony:	\$
				Maintenance:	\$
				Support	\$
				Divorce Settlement:	\$
				Property Settlement:	\$
	amples: Unpaid			k pay, vacation pay, workers' compensation	,
	amples: Unpaid Social S No	wages, disability insura	nce payments, disability benefits, sic d loans you made to someone else	k pay, vacation pay, workers' compensation	\$
Ex	amples: Unpaid Social S No	wages, disability insura Security benefits; unpaid		k pay, vacation pay, workers' compensation	
Ex	amples: Unpaid Social S No Yes. Give spec	wages, disability insura Security benefits; unpaid ific information	d loans you made to someone else		
Ex	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health,	wages, disability insura Security benefits; unpaid ific information	d loans you made to someone else	k pay, vacation pay, workers' compensation	
Ex	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the	wages, disability insura Security benefits; unpaid ific information nce policies disability, or life insurar insurance company	d loans you made to someone else	redit, homeowner's, or renter's insurance	
Ex	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the	wages, disability insura Security benefits; unpaid ific information nce policies disability, or life insurar	d loans you made to someone else		\$
Ex	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the	wages, disability insura Security benefits; unpaid ific information nce policies disability, or life insurar insurance company	d loans you made to someone else	redit, homeowner's, or renter's insurance	
Exx	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the of each po	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value	d loans you made to someone else not be not	redit, homeowner's, or renter's insurance	\$
Exx Intt Exx Ar If y	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the of each porton	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value	d loans you made to someone else nce; health savings account (HSA); c Company name:	redit, homeowner's, or renter's insurance	\$
Exx Int Exx Ar If yron	amples: Unpaid Social S No Yes. Give specerests in insura amples: Health, No Yes. Name the of each porton	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value perty that is due you include you are always of a living trust, e	d loans you made to someone else nce; health savings account (HSA); c Company name:	redit, homeowner's, or renter's insurance Beneficiary:	\$
Ex. Int Ex. V	amples: Unpaid Social S No Yes. Give spece erests in insura amples: Health, No Yes. Name the of each po y interest in pro you are the benefit operty because s	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value perty that is due you include you are always of a living trust, e	d loans you made to someone else nce; health savings account (HSA); c Company name:	redit, homeowner's, or renter's insurance Beneficiary:	\$
Int Ex Ar	amples: Unpaid Social S No Yes. Give spece erests in insura amples: Health, No Yes. Name the of each po y interest in pro you are the benefit operty because s	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value perty that is due you ficiary of a living trust, e omeone has died.	d loans you made to someone else nce; health savings account (HSA); c Company name:	redit, homeowner's, or renter's insurance Beneficiary:	\$
Int Ex	amples: Unpaid Social S No Yes. Give spece erests in insura amples: Health, No Yes. Name the of each port ou are the benefineerty because s No Yes. Give spece	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value pperty that is due you ficiary of a living trust, e omeone has died.	d loans you made to someone else nce; health savings account (HSA); c Company name:	redit, homeowner's, or renter's insurance Beneficiary: policy, or are currently entitled to receive	\$
Exx V Interpretable for the control of the contro	amples: Unpaid Social S No Yes. Give specerests in insural amples: Health, No Yes. Name the of each port ou are the benefinerety because s No Yes. Give speceres gaims against thi	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value pperty that is due you include its insurance company of a living trust, e omeone has died. iffic information	d loans you made to someone else noe; health savings account (HSA); c Company name: from someone who has died expect proceeds from a life insurance	redit, homeowner's, or renter's insurance Beneficiary: policy, or are currently entitled to receive	\$
Exx I. Int Exx If y pro Exx Exx	amples: Unpaid Social S No Yes. Give spectorests in insural amples: Health, No Yes. Name the of each porton are the benefit perty because s No Yes. Give spectorest in ground are the benefit perty because s No Yes. Give spectorest in ground are the benefit perty because s No Yes. Give spectorest in ground are the benefit perty because s No Yes. Give spectorest in ground amples: Accident	wages, disability insural Security benefits; unpaid iffic information nce policies disability, or life insurar insurance company olicy and list its value pperty that is due you include its insurance company of a living trust, e omeone has died. iffic information	d loans you made to someone else nce; health savings account (HSA); c Company name: from someone who has died xpect proceeds from a life insurance	redit, homeowner's, or renter's insurance Beneficiary: policy, or are currently entitled to receive	\$

Official Form 106A/B

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 18 of 56

Debtor 1	Edmund		Cheung	Case number (if known)	5:55-12
	First Name	Middle Name	Last Name	-	-0
	ner contingent a	and unliquidated clair	ns of every nature, including counterclaims of the debtor a	nd rights	
\checkmark	No				And the second s
	Yes, Give spec	ific information		\$	
35. An	y financial asse	ets you did not alread	y list		The second secon
V	No				
	Yes. Give spec	ific information		\$	
			es from Part 4, including any entries for pages you have att		33629.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 19 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2 122 - 5k - 15521
	First Name	Middle Name	Last Name	
				- DC

Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any r	eal estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	No. Go to Part 6.	
	Yes. Go to line 38.	Nation of the Control
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38	Accounts receivable or commissions you already earned	or exemptions.
00.	No	a conveyagements
	Yes. Describe	\$
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic de	vices
	Yes. Describe	\$
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	No Passilla	l s
	Yes. Describe	
41.	Inventory	
	□ No	1 .
	Yes. Describe	\$
42	Interests in partnerships or joint ventures	
	□ No	
	Yes. Describe Name of entity: % of ownership:	
	0 %	\$
43.	Customer lists, mailing lists, or other compilations	
	No	
	Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	Yes. Describe	\$
	Tes. Describe	
44.	Any business-related property you did not already list	
	□ No	
	Yes. Give specific information	
	mornator	\$
		4
4 5.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	<u> </u>
	for Part 5. Write that number here	\$0.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 20 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2:22 - 156	5211
	First Name	Middle Name	Last Name	- DS	- ((>

Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest If you own or have an interest in farmland, list it in Part 1.	in.
46. Do y e	ou own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
✓ N	o. Go to Part 7.	DANAMARY
Y	es. Go to line 47.	The state of the s
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm	animals	Antoniolika
Exam	ples: Livestock, poultry, farm-raised fish	TO THE PROPERTY OF THE PROPERT
	lo Company of the Com	OCCUPATION AND AND AND AND AND AND AND AND AND AN
	es	\$
48. Crop	s—either growing or harvested	
	0	
	es. Give specific	\$
İ	nformation	
49. Farm	and fishing equipment, implements, machinery, fixtures, and tools of trade	
	lo	, .
Y	es	\$
50. Farm	and fishing supplies, chemicals, and feed	
r	lo	\$
\	es	
		J
51. Any	arm- and commercial fishing-related property you did not already list	
	0	
	es. Give specific	\$
i	nformation	
	the dollar value of all of your entries from Part 6, including any entries for pages you have attached art 6. Write that number here	\$

Official Form 106A/B

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 21 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2:22-bk - 1552
	First Name	Middle Name	Last Name	
				~ DC

Part 7: Describe All Property You Own or Ha	ve an In	terest in That	You Did Not List Above		
 Do you have other property of any kind you did not alree Examples: Season tickets, country club membership ✓ No ✓ Yes. Give specific information 	eady list?			\$	
54. Add the dollar value of all of your entries from Part 7. V	\$	0.00			
Part 8: List the Totals of Each Part of this Fo	orm			\$1110000000000000000000000000000000000	
55. Part 1: Total real estate, line 2	••••••		······	\$	1010000.00
ਿਤ Part 2: Total vehicles, line 5	\$	20162.00			
57. Part 3: Total personal and household items, line 15	\$	4200.00			
58. Part 4: Total financial assets, line 36	\$	33629.00			
59. Part 5: Total business-related property, line 45	\$	0.00			
60. Part 6: Total farm- and fishing-related property, line 52	\$				
61. Part 7: Total other property not listed, line 54	+\$	0.00			
62. Total personal property. Add lines 56 through 61	\$	57991.00	Copy personal property total →	+\$	57991.00
63. Total of all property on Schedule A/B. Add line 55 + line	62			\$_	1067991.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 22 of 56

Fill in this inf	ormation to id	entify your case:		
Debtor 1	Edmund		Cheung	
Debtor 2	First Name	Middle Name	Last Name	
,,	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Central Distric	ct of California	
Case number (If known)	2:22	-bk-155	SI -DS	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that mits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1.	Which set of e	exemptions are you claiming?	Check one only, even	if you	ır spouse is filing with you.	
		aiming state and federal nonbar aiming federal exemptions. 11 L		U.S	.C. § 522(b)(3)	
2.	For any prope	rty you list on <i>Schedule A/B</i> th	nat you claim as exem _l	ot, fil	ll in the information below.	
		on of the property and line on nat lists this property	Current value of the portion you own?	Amount of the exemption you claim		Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Brief description: Line from Schedule A/B:	12975 Agustin Place #337, Playa Vista, CA 90094	\$1010000.00	✓	\$100% of fair market value, up to any applicable statutory limit	704.730
	Brief description: Line from Schedule A/B:	2017 Lexus RX 350 3.1	\$ 16662.00	□	\$100% of fair market value, up to any applicable statutory limit	704.010
	Brief description:	Refrigerator/freezer, dishwasher, oven, stovetop, microwave, washer, dryer, couch, chair, dining table set, kitchenware, office desk, chairs	\$ 1000.00	□	\$100% of fair market value, up to any applicable statutory limit	704.020
	Line from Schedule A/B:	6				
	Brief description:	TVs, TV soundbar, PS4 gaming system, Oculus Quest 2 VR system, printer, scanner, laptops, mice,				

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 23 of 56

⊃ebtor 1	Edmund		Cheung	Case number (<i>if kno</i>	DWN) 2:22-BK-1552
	First Name	Middle Name	Last Name		NC

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own?		Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B			eck only one box for each exemption.		
		\$	1500.00		\$	704.020	
				✓	100% of fair market value, up to any applicable statutory limit		
	keyboards, cellphones, router, computer sound card, microphones, speakers						
Line from Schedule A/B:	7						
Brief description:	2007 Acura TL	\$	3500.00		\$	703.140 and wildcard exemption	
Line from Schedule A/B:	3.2			V	100% of fair market value, up to any applicable statutory limit		
Brief description:	tennis rackets, bodyboards, snowboards, snow gear,	\$	500.00		\$	704.020	
·	guitars, drums			✓	100% of fair market value, up to any applicable statutory limit		
Line from Schedule A/B:	9						
Brief description:	shirts, pants, jackets, shorts, hoodies, hats, underwear,	\$	300.00		\$	704.020	
	socks, regular everyday clothes			✓	100% of fair market value, up to any applicable statutory limit	70 7.020	
Line from Schedule A/B:	11						
Brief description:	Wedding ring	\$	500.00		\$	704.040	
Line from Schedule A/B:	12	V0)		✓	100% of fair market value, up to any applicable statutory limit		
Brief description:	Dumbbell set, boxing set-up and gear, workout gear,	\$	400.00		\$	704.020	
	inversion table, dip station, recovery massage gun			✓	100% of fair market value, up to any applicable statutory limit	704.020	
Line from Schedule A/B:	14						
Brief description:	Checking Account Wells Fargo 1	\$	1732.00		\$	704.220 and 704.225	
Line from Schedule A/B:	17.1			✓	100% of fair market value, up to any applicable statutory limit		
Brief description:	Checking Account Wells Fargo 2			AND A WARREN		The state of the s	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 24 of 56

eptor 1	Edmund		Cheung	Case number (if known)	2:22-bk-1552
	First Name	Middle Name	Last Name	-	-25

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own?		Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the Schedule	value from <i>A/B</i>	Che	eck only one box for each exemption.		
		\$	1458.00		\$	704.220 and 704.225	
Line from Schedule A/B:	17.2			✓	100% of fair market value, up to any applicable statutory limit		
3rief description:	Savings Account Wells Fargo	\$	1384.00		\$	704.220 and 704.225	
Line from Schedule A/B:	17.3			✓	100% of fair market value, up to any applicable statutory limit		
Brief description:	Checking Account Schools First	\$	1224.00		\$	704.220 and 704.225	
Line from Schedule A/B:				✓	100% of fair market value, up to any applicable statutory limit		
Brief description:	Savings Account Schools First	\$	7410.00		\$100% of fair market value, up to	704.220 and 704.225	
Line from Schedule A/B:	17.5			V	any applicable statutory limit		
Brief description:	IRA Capital Group	\$	364.00		\$	11 U.S.C. § 522(b)(3)(C)(n)	
Line from Schedule A/B:	21.1			V	100% of fair market value, up to any applicable statutory limit		
Brief description:	IRA Fidelity	\$	7757.00		\$	11	
Line from Schedule A/B:	21.2			√	100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)(n)	
Brief description:	IRA Vanguard	\$	1080.00		\$	11 U.S.C. § 522(b)(3)(C)(n)	
Line from Schedule A/B:	21.3			✓	100% of fair market value, up to any applicable statutory limit	11 0.0.0. 3 022(0)(0)(0)(1)	
Brief description:	401(k) or similar plan Equitable	\$	10614.00		\$	11 U.S.C. § 522	
Line from Schedule A/B:	· · · · · · · · · · · · · · · · · · ·			V	100% of fair market value, up to any applicable statutory limit		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 25 of 56

Debtor 1	Edmund Cheung		Case number (if known)	2.55-PK			
	First Name	Middle Name	Last Name				
g-g				AN INCOMPANY OF THE PROPERTY O	Omited the State of the State o		
			on of more than \$189,050? ery 3 years after that for cases filed on o	r after the date of adjustment.)	w (volumentation) fund (see		
	No				or control of the con		
\checkmark	Yes. Did you acc	quire the property cove	ered by the exemption within 1,215 days	before you filed this case?	ooso reen madeliki		
	✓ No				11 ************************************		
	Yes				00000 ********************************		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 26 of 56

Fill in this in	nformation to id	lentify your case:		
Debtor 1	Edmund		Cheung	1
	First Name	Middle Name	Last Name	Check if this is:
Debtor 2 (Spouse, if filing	A.			An amended filing
(Spouse, II IIIII)	First Name	Middle Name	Last Name	A supplement showing postpetition chapter 13
United States	Bankruptcy Court	for the: Central Distri	ct of California	income as of the following date:
Tase number d≪nown)	2,2	22-BK-1	5521-DS	MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employm	ent				
Fill in your employment information.		Debtor 1		Debtor 2 or non-fili	ng spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment Status	✓ Employed☐ Not emplo	yed	✓ Employed☐ Not employed	
Include part-time, seasonal, or self-employed work.					
Occupation may Include student or homemaker, if it applies					
	Occupation	Freelance Graph	ic Designer	Accountant	
	Employer's name	Self-employed		Bright Star Schools	
	Employer's address	12975 Agustin P	lace #337	600 S La Fayette Pari	(PI
		Number Street		Number Street	
		Playa Vista	CA 90094	Los Angeles CA	
		City	State Zip Code	City Sta	ate Zip Code
	How long employed there?	6 months		4.5 years	

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Edmund Cheung Case number (if known) 2;22 5kFirst Name Middle Name Last Name

15521-05

Part 2: Give Details About Monthly Income

F-4:					· · · · · · · · · · · · · · · · · · ·		la alcula con a	
spot	mate monthly income as of the date you file this form. If you have not use unless you are separated.	_						on-
	ou or your non-filing spouse have more than one employer, combine the inflow. If you need more space, attach a separate sheet to this form.	forma	ition for a	all employer	s for that p	person on th	ie lines	
			For I	Debtor 1		ebtor 2 or ling spouse	_	
	monthly gross wages, salary, and commissions (before all payroll actions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$_	9275.00	•	
Esti	mate and list monthly overtime pay.	3.	+\$	0.00	+ \$	0.00		
Calc	culate gross income. Add line 2 + line 3.	4.	\$_	0.00	\$_	9275.00]	
Сор	y line 4 here →	4.	\$	0.00	\$_	9275.00	•	
List	all payroll deductions:							
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	2184.00		
5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00		
5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$_	0.00		
5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_	0.00		
5e.	Insurance	5e.	\$	0.00	\$_	590.00		
5f.	Domestic support obligations	5f.	\$	0.00	\$_	0.00		
5g.	Union dues	5g.	\$	0.00	\$	0.00		
5h.	Other deductions. Specify:	5h.	+ \$	0.00	+ \$			
		5h.	+ \$		+ \$	0.00		
Add	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00	\$_	2774.00		
Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_	6501.00		
. List	all other income regularly received:							
8a.	Net income from rental property and from operating business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1749.00	\$_	0.00		
8b.	Interest and dividends	8b.	\$	0.00	\$_	0.00		
8c.	Family support payment that you, a non-filing spouse, or a dependent regularly receive							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$_	0.00		
8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 28 of 56

Debtor 1	Edmund		Cheung	Case number (if known) Z'ZZ_L	<u>*</u> ~
	First Name	Middle Name	Last Name	15571-	- PS

8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 8f. \$ 0.00 \$ 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. +\$ 0.00 +\$	- 0 0	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 8f. \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00	<u>0</u>	
assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 8f. \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00	<u>0</u>	
8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00	<u>0</u>	
8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00	<u>0</u>	
	_	
8h. Other monthly income. Specify:8h. + \$9.00 + \$	_ 0_	
	0_	
8h. + \$ + \$ 0.00		
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$\frac{1749.00}{\$}\$	0	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$\frac{1749.00}{}\$ + \$\frac{6501.00}{}\$	0 = \$	8250.00
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and othe friends or relatives.	г	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sche	dule J.	
Specify:1	1. + \$	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		0050.00
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	2. \$	8250.00
	Combined monthly in	
13. Do you expect an increase or decrease within the year after you file this form?		
✓ No.		
Yes. Explain:		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 29 of 56

Fill in this information to identify your case:		
Debtor 1 Edmund Cheung	Cheok if this is:	
First Name Middle Name Last Name	An amended filin	9
Debtor 2 (Spouse, if filing)		nowing postpetition chapter 13
First Name Middle Name Last Name	income as of the	following date:
United States Bankruptcy Court for the: Central District of California	MM / DD / YYYY	<u> </u>
Case number 2'. 22 - 5k - 15521 - D\$		
Official Form 106J		
Schedule J: Your Expenses		12/15
Be as complete and accurate as possible. If two married people are filing together, bot information. If more space is needed, attach another sheet to this form. On the top of a (if known). Answer every question. Part 1: Describe Your Household		
1. Is this a joint case?		
✓ No. Go to line 2.		
Yes. Does Debtor 2 live in a separate household?		
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate House	ehold of Debtor 2.	
2 Do you have dependents?	elationship to Depende	nt's Does dependent live
Debtor 1 or De	•	with you?
Do not list Debtor 1 and		□ No
Child	11	✓ Yes
Do not state the dependents' names.		
Do your expenses include No expenses of people other than yourself and your dependents?		
Part 2: Estimate Your Ongoing Monthly Expenses		
Estimate your expenses as of your bankruptcy filing date unless you are using this for expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> applicable date.	, check the box at the top	
Include expenses paid for with non-cash government assistance if you know the value such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)	e of	Your expenses
4. The rental or home ownership expenses for your residence. Include first mortgage pany rent for the ground or lot.	payments and 4.	\$ 2331.00
If not included in line 4:		
4a. Real estate taxes	4a.	\$ 1025.00
4b. Property, homeowner's, or renter's insurance	4b.	\$ 122.00
4c. Home maintenance, repair, and upkeep expenses	4c.	\$ 150.00
4d. Homeowner's association or condominium dues	4d.	\$ 880.00
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0.00
6. Utilities:		_

6a. Electricity, heat, natural gas

146.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 30 of 56

Debtor 1 Edmund Cheung Case number (if known) Z:22-bkFirst Name Middle Name Last Name

Your expenses

6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other Specify: 6d. 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 11. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 4. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other, Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. 17d. Other, Specify: 17d. 17d. Other, Specify: 17d. 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	139.00 0.00 1100.00 370.00 100.00 200.00 275.00 452.00 100.00 0.00
6d. Other Specify: 6d. 7. Food and housekeeping supplies 7. 8. Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other. Specify: 15d. 17 Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17d. 17d. Other. Specify: 17d.	\$ \$ \$ \$ \$ \$	0.00 1100.00 370.00 100.00 200.00 275.00 452.00 100.00 0.00
7. Food and housekeeping supplies 7. 8. Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare, Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other, Specify: 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17 Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other, Specify: 17c. 17d. Other, Specify: 17d.	\$ \$ \$ \$ \$ \$	1100.00 370.00 100.00 200.00 275.00 452.00 100.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. 10. Personal care products and services 10. 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify:	\$ \$ \$ \$	370.00 100.00 200.00 275.00 452.00 100.00 0.00
9. Clothing, laundry, and dry cleaning 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Transportation. Include, recreation, newspapers, magazines, and books 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other, Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other, Specify:	\$ \$ \$	100.00 200.00 275.00 452.00 100.00 0.00
10. Personal care products and services 11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other, Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other, Specify:	\$ \$	200.00 275.00 3 452.00 3 100.00 5 0.00
11. Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. 15d. Other, Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other, Specify	\$	275.00 3 452.00 6 100.00 6 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:	\$	452.00 3 100.00 5 0.00
Do not include car payments. 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:	\$	5 100.00
14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify:	\$	0.00
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify:		
Do not include insurance deducted from your pay or included in lines 4 or 20 15a. Life insurance 15b. 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. Other. Specify: 17d.	\$	
15b. Health insurance 15c. Vehicle insurance 15d. Other. Specify: 15d. Other. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:	\$	
15c. Vehicle insurance 15d. Other, Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other, Specify: 17d. Other, Specify: 17d.		0.00
15d. Other, Specify: 15d. Other, Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other, Specify:	. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	\$	3142.00
Specify:	\$	0.00
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify:		
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify:	\$	0.00
17b. Car payments for Vehicle 2 17b 17c. Other. Specify: 17c 17d. Other. Specify: 17d		
17c. Other, Specify: 17c 17d. Other, Specify: 17d	. \$	494.00
17d. Other. Specify: 17d	. \$	0.00
	. \$	S
3. Your payments of alimony, maintenance, and support that you did not report as deducted from	. \$	
your pay on line 5, <i>Schedule I</i> , Your Income (Official Form 106I).	\$	0.00
19. Other payments you make to support others who do not live with you.		
Specify:	5	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property 20a		0.00
20b. Real estate taxes 20b	. (0.00
20c. Property, homeowner's, or renter's insurance		\$ 0.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 31 of 56

Debtor 1 Edmund Cheung Case number (if known) $\frac{2 \cdot 22 - bk}{5 \cdot 100} = \frac{1000}{15521 - 500}$

Your expenses

	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other. Specify:	21.	+\$	0.00
22.	Calculate your monthly expenses.			
	22a. Add lines 4 through 21.	22a.	\$	8026.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	8026.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8250.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	8026.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	224.00
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?			
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?			
	✓ No.			
	Yes. Explain here:			
		_		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Des Main Document Page 32 of 56

rst Name	Middle Name	Last Name	
rst Name	Middle Name	Last Name	
ı	st Name	rst Name Middle Name	

Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.
Check if this is an amended filing

Official Form 122C-1

Part 1:

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

eas complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If the space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the app of any additional pages, write your name and case number (if known).

Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 9013.00 payroll deductions). 0.00 0.00 Alimony and maintenance payments. Do not include payments from a spouse. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you 0.00 0.00 listed on line 3. 5. Net income from operating a business, profession, or Debtor 1 Debtor 2 Gross receipts (before all deductions) \$ 1544.00 198.00 - \$ Ordinary and necessary operating expenses Copy → \$ Net monthly income from a business, profession, or farm 1346.00 1346.00 Net income from rental and other real property Debtor 1 Debtor 2 \$____\$___ Gross receipts (before all deductions) -\$____-Ordinary and necessary operating expenses Copy→\$ Net monthly income from rental or other real property

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 33 of 56

::1	Edmund		Cheung	Case number (if known)	-122-bk-
	First Name	Middle Name	Last Name	15	521-05

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$	\$	
8.	Unemployment compensation	\$	\$	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you \$			
	For your spouse\$			
	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$	\$	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
		\$	\$	
		\$	\$	
	Total amounts from separate pages, if any.	+\$0.00	+\$0.00	
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 1346.00	+ \$ 9013.00	\$10359.00
P	art 2: Determine How to Measure Your Deductions from Income			monthly income
			<u> </u>	\$ 10359.00
	Copy your total average monthly income from line 11.			\$ 10359.00
13.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 below			
	You are married and your spouse is filing with you. Fill in 0 below			
	✓ You are married and your spouse is not filing with you.			
	Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid you or your dependents, such as payment of the spouse's tax liability or the spouse's styou or your dependents.			
	Below, specify the basis for excluding this income and the amount of income devoted to list additional adjustments on a separate page.	each purpose. If ne	cessary,	
	If this adjustment does not apply, enter 0 below.			
		\$		
		\$		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 34 of 56

Debtor 1 Edmund Cheung Case number (if known) 2:22-bkFirst Name Middle Name Last Name (5521- DS

	+ \$	
	Total	→
÷.	Your current monthly income. Subtract the total in line 13 from line 12.	\$ 10359.00
	Calculate your current monthly income for the year. Follow these steps:	,
	15a. Copy line 14 here →	\$ 10359.00
	Multiply line 15a by 12 (the number of months in a year).	x 12
	15b. The result is your current monthly income for the year for this part of the form.	\$ <u>124308.00</u>
16.	. Calculate the median family income that applies to you. Follow these steps:	
	16a. Fill in the state in which you liveCA	
	16b. Fill in the number of people in your household3	
	16c. Fill in the median family income for your state and size of household.	\$ 97092.00
	To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.	
	How do the lines compare?	
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is a 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122)	
	17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122) On line 39 of that form, copy your current monthly income from line 14 above.	
P	art 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18.	Copy your total average monthly income from line 11.	\$ 10359.00
19.	Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.	
	19a. If the marital adjustment does not apply, fill in 0 on line 19a.	_ \$0.00
	19b. Subtract line 19a from line 18.	\$10359.00
2.3.	Calculate your current monthly income for the year. Follow these steps:	
	20a. Copy line 19b	\$ 10359.00
	Multiply by 12 (the number of months in a year).	x 12
	20b. The result is your current monthly income for the year for this part of the form.	\$ 124308.00
	20c. Copy the median family income for your state and size of household from line 16c.	\$ 97092.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 35 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2', 22 - bk
	First Name	Middle Name	Last Name	Case number (if known) 2', 22 - bk
_ : How	do the lines co	ompare?		
_ []	The commitment Line 20b is more	nt period is 3 years. G e than or equal to line	o to Part 4.	rt, on the top of page 1 of this form, check box 3, d by the court, on the top of page 1 of this form,
Part 4	Sign Belo	ow		
	X	here under penalty of	of perjury I declare that the inf	ormation on this statement and in any attachments is true and correct. X Signature of Debtor 2
		2/12/2022 MM / DD / YYYY		Date MM / DD / YYYY
	If you chec	ked 17a, do NOT fill o	out or file Form 122C-2	

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

		Cheung	
First Name	Middle Name	Last Name	
)			
First Name	Middle Name	Last Name	
	First Name		First Name Middle Name Last Name

Check if this is an amended filing

Official Form 122C-2

napter 13 Calculation of Your Disposable Income

04/22

... fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C–1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

F your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1610.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Case 2:22-bk-15521-NB

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Main [Docu	ımer	nt	Page	37	of 56	

Case number (if known) 2',22 -bk-Debtor 1 Edmund Cheung First Name Middle Name Last Name

People who are under 65 years of age			and have present the second	основа и постанава и и и и и и и и и и и и и и и и и и	A mala a san na managana ang managan a m	A COLOR DE LA COLO	nonleader and the second and the sec
7a. Out-of-pocket health care allowance per person	\$75.00						
7b. Number of people who are under 65	X3						
7c. Subtotal. Multiply line 7a by line 7b.	\$ 225.00	Copy here →	\$	225.00			
People who are under 65 years of age							
7d. Out-of-pocket health care allowance per person	\$0.00						
7e. Number of people who are under 65	xo						
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here →	+\$	0.00			
7g. Total. Add lines 7 c and 7 f			\$	225.00	Copy here -	\$	225.00
Local You must use the IRS Local Standards to a	nswer the question	s in lines t	3-15.				
Based on information from the IRS, the U.S. Trustee Prog	gram has divided	the IRS L	ocal Sta	ndard for l	housing for		
eankruptcy purposes into two parts:							
I Housing and utilities – Insurance and operating expen I Housing and utilities – Mortgage or rent expenses	ses						
o answer the questions in lines 8-9, use the U.S. Truster							
pecified in the separate instructions for this form. This (chart may also be	avallable	at the b	ankrupicy	cierk's office.		
 Housing and utilities – Insurance and operating expe in the dollar amount listed for your county for insurance a 	•	-	eople yo	u entered i	n line 5, fill	\$	716.00
Housing and utilities – Mortgage or rent expenses:							
9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent expen		mount	\$	3356.00			
9b. Total average monthly payment for all mortgages your home.	s and other debts s	secured by	,				
To calculate the total average monthly payment, contractually due to each secured creditor in the for bankruptcy. Next divide by 60.							
Name of the creditor	Average monthly payment	у					
	\$						
	\$						
	+ \$						
9b. Total average monthly payment	\$	Copy here →	-\$_		Repeat this amount on line 33a.		

Case 2:22-bk-15521-NB

Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 38 of 56

Debtor 1 Edmund Cheung Case number (if known) Z · Z z - bk - First Name Middle Name Last Name

** - * - · · · · · · · · · · · · · · · ·	hands and the PS of the common department of the State of	1996s deutschaften der 1998 (Schilde ausstand der Schilde aus	a waxaaqayy woo kii kii ahaa ahaa ahaa ahaa ahaa ahaa a		ausamonmary independus intelenterindenia erinde v
	et mortgage or rent expense.	0.5	#		
	ubtract line 9b (total average monthly ent expense). If this number is less that		\$ 3356.00	Copy here	\$3356.0
	im that the U.S. Trustee Program's lation of your monthly expenses, fil			orrect and affects	\$
Explain why:					
1. Local trai	nsportation expenses: Check the nu	mber of vehicles for which you claim a	an ownership or op	erating expense.	
o	. Go to line 14.				
1	. Go to line 12.				
√ 2	or more. Go to line 12.				
	peration expense: Using the IRS Loc , fill in the Operating Costs that apply			claim the operating	\$750.6
each vehi	wnership or lease expense: Using the cle below. You may not claim the expense for mo	ense if you do not make any loan or le			
Vehicle '	1 Describe Vehicle 1: 2017 L	exus RX 350			
13a. Owne	ership or leasing costs using IRS Loca	al Standard	\$588.00	!	
13b. Avera	age monthly payment for all debts sec	cured by Vehicle 1.			
Do no	ot include costs for leased vehicles.				
add a	alculate the average monthly payment all amounts that are contractually due tor in the 60 months after you file for b).	to each secured			
Nan	ne of each creditor for Vehicle 1	Average monthly payment			
		\$			
		+\$			
	Total average monthly payme	ent \$Copy	-\$	Repeat this amount on line 33b.	
13c. Net \	/ehicle 1 ownership or lease expense			Copy net Vehicle	
Subt	ract line 13b from line 13a. If this num	ber is less than \$0, enter \$0	\$ 588.00		\$588.
Vehicle :	2 Describe Vehicle 2: 2007 A	cura TL			
13d. Own	ership or leasing costs using IRS Loca	al Standard	. \$	-	
13e. Aver	age monthly payment for all debts sec	cured by Vehicle 2.			
Do n	ot include costs for leased vehicles.				

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 39 of 56

Debtor 1	Edmund		Cheung	Case number (if known)	5,55-pk	
	First Name	Middle Name	Last Name	-	15521 -	- DS

	Name of each creditor for Vehicle 2	Average monthly payment		ош постоя в доборов в постоя в доборов в постоя в почето		2007 - 464 \$ 200 DO	Commerce of School Property of School
		+ \$					
	Total average monthly payment	\$	Copy here →	- \$	Repeat this amount on line 33c.		
	13f. Net Vehicle 2 ownership or lease expense			1 4: · · · · · · · · · · · · · · · · · ·	Copy net Vehicle	_	
	Subtract line 13e from line 13d. If this amount	is less than \$0, enter \$	\$0	\$	2 expense here	\$	
14.	Public transportation expense: If you claimed 0 Transportation expense allowance regardless of				ndards, fill in the <i>Public</i>	\$	
	Additional public transportation expense: If you deduct a public transportation expense, you may fil more than the IRS Local Standard for <i>Public Trans</i>	ll in what you believe is				\$	
	her Necessary In addition to the expense de the following IRS categories.		you are allo	wed your me	onthly expenses for		
	Taxes: The total monthly amount that you actually self-employment taxes, social security taxes, and N from your pay for these taxes. However, if you experefund by 12 and subtract that number from the total Do not include real estate, sales, or use taxes.	Medicare taxes. You meet to receive a tax ref	ay include thund, you mu	e monthly a st divide the	mount withheld expected	\$	2056.00
17.	Involuntary deductions: The total monthly payroll union dues, and uniform costs.	deductions that your j	job requires,	such as reti	rement contributions,		
	Do not include amounts that are not required by yo	ur job, such as volunta	ary 401(k) co	ntributions o	or payroll savings.	\$	0.00
18.	Life insurance: The total monthly premiums that y together, include payments that you make for your	spouse's term life insu	ırance.				
	Do not include premiums for life insurance on your life insurance other than term.	dependents, for a non	ı-filing spous	e's life insur	ance, or for any form of	\$	0.00
19.	Court-ordered payments: The total monthly amou agency, such as spousal or child support payments Do not include payments on past due obligations for	S.				\$	0.00
20.	Education: The total monthly amount that you pay ■ as a condition for your job, or ■ for your physically or mentally challenged depen		•		r similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay Do not include payments for any elementary or sec			daycare, nu	rsery, and preschool.	\$	170.00
22.	Additional health care expenses, excluding ins required for the health and welfare of you or your d savings account. Include only the amount that is may payments for health insurance or health savings and	lependents and that is ore than the total ente	not reimburs red in line 7.	sed by insur		\$	50.00

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 40 of 56

⊜ebtor 1	Edmund		Cheung	Case number (if known)	2.22-	bk-
	First Name	Middle Name	Last Name	15	521- DS	5

	man or a man an annan, a thirt and a hande annan an annan an annan a gappy and a season and a	management of the contract of						
23.	3. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.							
24.	Add all of the exper Add lines 6 through 2	nses allowed under the 23.	IR:	S exp	ense allo	wances.	\$_	9521.00
	dditional Expense eductions	These are additional de Note: Do not include ar				by the Means Test. nces listed in lines 6-24.		
25.						account expenses. The monthly expenses for health it are reasonably necessary for yourself, your spouse, or		
	Health insurance			\$	590.00			
	Disability insurance			\$	0.00			
	Health savings accou	ınt	+	\$	0.00			
	Total			\$	590.00	Copy total here 👈	\$_	590.00
	Do you actually spen	d this total amount?						
	No. How much d✓ Yes	o you actually spend?		\$				
26.	continue to pay for the your household or me	e reasonable and neces	sar e fa	y care mily w	and supp tho is una	w members. The actual monthly expenses that you will port of an elderly, chronically ill, or disabled member of ible to pay for such expenses. These expenses may 1. 26 U.S.C. § 529A(b).	\$_	0.00
27.	you and your family u		e P	reven	tion and S	y monthly expenses that you incur to maintain the safety of Services Act or other federal laws that apply. dential.	\$_	0.00
28.	Additional home en	ergy costs. Your home	ene	ergy c	osts are in	ncluded in your insurance and operating expenses on line 8		
	•	u have home energy cos amount of home energy			e more th	nan the home energy costs included in expenses on line 8,	\$_	0.00
	You must give your o		ion	of you	ır actual e	expenses, and you must show that the additional amount		
29.		ild) that you pay for you				ger than 18. The monthly expenses (not more en who are younger than 18 years old to attend a private or	\$_	0.00
		case trustee documentat e and necessary and no				expenses, and you must explain why the amount d for in lines 6-23.		
	* Subject to adjustme	ent on 4/01/25, and ever	у 3	years	after that	t for cases begun on or after the date of adjustment.		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 41 of 56

Cheung

Case number (if known) 2 , 22 - 5K -

					15521.	ע
higher than the	combined food and cloth	e. The monthly amount by which	nal Standards. That		\$	
To find a chart	showing the maximum a	nces in the IRS National Standa dditional allowance, go online us ralso be available at the bankru	sing the link specified	I in the separate		
		int claimed is reasonable and no				
		The amount that you will contine organization. 11 U.S.C. § 548(d)		e form of cash or financia	+\$_	
Do not include	any amount more than 1	5% of your gross monthly incom	ne.			
. Add all of the Add lines 25 th	additional expense ded rough 31.	luctions.			\$_	59
eductions for D	ebt Payment					
	are secured by an inte	rest in property that you own, lines 33a through 33e	including home me	ortgages, vehicle		
To calculate the	e total average monthly p	payment, add all amounts that a hs after you file for bankruptcy.				
		, ,	•			
				Average monthly		
Mortgages on ye	our home:			Average monthly payment		
Mortgages on ye						
33a. Copy line			······································	payment		
33a. Copy line	9b here		•	payment		
33a. Copy lineLoans on your f33b. Copy line	9b hereirst two vehicles:		······································	payment		
33a. Copy lineLoans on your f33b. Copy line	9b here irst two vehicles: 13b here		······································	\$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other	9b here		······································	\$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes or insurance?	\$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes	\$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes or insurance?	\$\$ \$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes or insurance? No Yes	\$\$ \$\$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes or insurance? No Yes No	\$ \$ \$		
33a. Copy line Loans on your f 33b. Copy line 33c. Copy line 33d. List other Name of	9b here	Identify property that	Does payment include taxes or insurance? No Yes No Yes	\$ \$ \$		
33a. Copy lineLoans on your f33b. Copy line33c. Copy line33d. List otherName of secured	9b here	Identify property that	Does payment include taxes or insurance? No Yes No Yes No Yes	\$\$ \$\$ \$\$ \$\$ \$\$	copy total	

Debtor 1 Edmund

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 42 of 56

estar 1	Edmund		Cheung	Case number (if known)	2:22- BK-
	First Name	Middle Name	Last Name		15571-DS

34.		debts that you listed in line 3 property necessary for your				omer removement grants, a grant	V., 2000 (00 000 000 000 000 000 000 000 00	Microsoft and probable for an experience of the Control of the Con	
	☐ No.	Go to line 35.							
		. State any amount that you mu possession of your property (c						<i>i</i> .	
		Name of the creditor	Identify property that secures the debt	Total cure amount		Mont	hly cure amo	ount	
				. \$	_ ÷ 60 =	\$_			
				. \$	÷ 60 =	\$_			
				\$	÷ 60 =	+ \$ _			
					Total	\$		Copy total here	\$
35.		owe any priority claimssuch a te of your bankruptcy case?		upport, or alim	nony that are	past du	e as of the	af	
	☐ No.	Go to line 36.							
	✓ Yes	. Fill in the total amount of all of ongoing priority claims, such a			rrent or				
		Total amount of all past-due p	oriority claims			\$	0.00	÷ 60	\$0.00
36.	Projecte	ed monthly Chapter 13 plan pa	ayment			\$	248.00		
	Office of	multiplier for your district as stat the United States Courts (for d outive Office for United States T	istricts in Alabama and No	orth Carolina) o		x	10		
	specified	a list of district multipliers that in If in the separate instructions for tcy clerk's office.							
	Average	monthly administrative expense	е			\$	24.80	Copy total here	\$ 24.80
37.	. Add all	of the deductions for debt pa	yment. Add lines 33e thr	ough 36.					\$24.80
To	otal Dedı	uctions from Income							
38.	. Add all	of the allowed deductions.							
	Copy lin	e 24, All of the expenses allowe	ed under IRS expense allo	owances		\$_	9521.00		
	Copy lin	e 32, All of the additional expen	se deductions			\$	590.00		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 43 of 56

r 1	Edmund		Cheung				Case number	(if known)	2 . 2	2-5K-19
	First Name	Middle Name	Last Name							<u>2-bk-19</u> -c
								man a major de la prima de la compansión d		
	Copy line 37, All o	of the deductions for	debt payment	•••••		+\$_	24.80	ė _		and the same of th
	Total deductions					\$_	10135.80	Copy total here	\$_	10135.80
1 2	Determine	Your Disposable	Income Under 1	11 U.S.C. § 132	5(b)(2)					and the second s
		rent monthly incon <i>urrent Monthly Incon</i>							\$	10359.00
chi dis rec	i ldren. The month ability payments f eived in accordan	bly necessary incon ally average of any ch or a dependent child noe with applicable no ended for such child.	ild support payment , reported in Part I o	s, foster care paym f Form 122C-1, tha	nents, or at you	\$_	0.00			
em spe	ployer withheld freecified in 11 U.S.C	retirement deduction om wages as contrib C. § 541(b)(7) plus al and 11 U.S.C. § 362(b)(utions for qualified required repaymen	etirement plans, as	3	\$_	0.00			
То	tal of all deduction	ons allowed under	I1 U.S.C. § 707(b)(2	2)(A). Copy line 38	here	\$_	10135.80			
exp and	penses and you had their expenses.	ial circumstances. ave no reasonable a You must give your o es and documentatio	ternative, describe t case trustee a detail	he special circums	stances					
De	scribe the special ci	rcumstances		Amount of expe	ense					- Operation and the second sec
_				\$						W
				\$						THE PRODUCTION AND A STATE OF THE PROPERTY OF
_				_ +\$						HALL Addition (TOTAL OF THE OF
			Total	\$	Copy here	+\$_				THE PROPERTY OF THE PROPERTY O
. То	tal adjustments.	Add lines 40 through	1 43			\$_	10135.80	Copy here=	→ -\$_	10135.80
. Ca	lculate your mor	nthly disposable inc	come under § 1325	(b)(2). Subtract line	e 44 from line 39	9.			\$	223.20
art 3	Change in	Income or Expe	ıses							MET (MAKA) VALIS) PTERTOR PR
or op 12	are virtually certai en, fill in the inforr 2C-1 in the first co	or expenses. If the into change after the mation below. For explumn, enter line 2 in the amount of the inc	date you filed your ample, if the wages the second column,	bankruptcy petition reported increased	n and during the d after you filed y	time yo	ur case will l ition, check	be		

Debtor 1 Edmund

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 44 of 56

Debtor	1 Edmund First Name		Middle Nove	Cheung			Case number (if known)	2:22-bk- 15521-D
	First Name	•	Middle Name	Last Name				15521 - 1
	Form	Line	Reason for change		Date of change	Increase or decrease?	Amount of change	
	122C-1					Increase Decrease	\$	
	122C-1					Increase Decrease	\$	
1) - qui - de - qui - qu	122C-1					Increase Decrease	\$	
	122C-1					Increase Decrease	\$	
Part	4: Sign	Below						
	signing here,	I declare	e under penalty of per	rjury that the informati		and in any attac	hments is true and corre	ect.
X	Signature of D	Debtor 1	\$		Signature of Debt	or 2		_
	Date 12/12/2	2022 DD / YY	YY		Date	/ YYYY		

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 45 of 56

First Name Middle Name Last Name abtor 2 bouse, if filing)
······
First Name Middle Name Last Name
itied States Bankruptcy Court for the: Central District of California See number 2:22 - bk - 155 21 - b5

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case amber (if known). Answer every question.

	t is your current r			Status and Where Y			
	Not married						
√	No			here other than where y			
	Debtor 1:	риссо у	ou invoca in the last	Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
					Same as Debtor 1		Same as Debtor 1
				From	_		From
	Number Street			То	Number Street		То
	City	State	ZIP Code		City	State ZIP Code	_
	2 (1 At) to Add a short of vector (1 At) to Add (Magazine and William	37(333)//	A STATE OF A MINISTRAL PROPERTY OF A MINISTRAL PROPERT	Same as Debtor 1		Same as Debtor 1
				From			From
	Number Street			То	Number Street		То
	City	State	ZIP Code		City	State ZIP Code	_

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 46 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2 122 - b	K-
	First Name	Middle Name	Last Name	15021-0	<u></u>

Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inc	ed from all jobs and all bus	inesses, including part-tim	e activities.	ndar years?
☐ No				
✓ Yes. Fill in the details.				
	Debtor 1:		Debtor 2:	
	Source of Income	Gross income	Source of Income	Gross income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$ 10755.00	Wages, commissions, bonuses, tips	\$
	✓ Operating Business		Operating Business	
For last calendar year:	Wages, commissions, bonuses, tips	\$80848.74	Wages, commissions, bonuses, tips	\$_
(January 1 to December 31, 2021 YYYY	✓ Operating Business		Operating Business	
For last calendar year before that:	Wages, commissions, bonuses, tips	\$238851.20	Wages, commissions, bonuses, tips	\$
(January 1 to December 31, 2020 YYYY	✓ Operating Business		Operating Business	
nclude income regardless of whether that in inemployment, and other public benefit payr iambling and lottery winnings. If you are filin ist each source and the gross income from	come is taxable. Example ments; pensions; rental ind g a joint case and you hav	s of other income are alimo come; interest; dividends; r ve income that you receive	money collected from laws d together, list it only once	uits; royalties; and
nclude income regardless of whether that in inemployment, and other public benefit payi gambling and lottery winnings. If you are filin	come is taxable. Example ments; pensions; rental ind g a joint case and you hav	s of other income are alimo come; interest; dividends; r ve income that you receive	money collected from laws d together, list it only once	uits; royalties; and
nclude income regardless of whether that in inemployment, and other public benefit paying ambling and lottery winnings. If you are filing is each source and the gross income from	come is taxable. Example ments; pensions; rental ind g a joint case and you hav	s of other income are alimo come; interest; dividends; r ve income that you receive	money collected from laws d together, list it only once	uits; royalties; and
nclude income regardless of whether that in nemployment, and other public benefit payr ambling and lottery winnings. If you are filin ist each source and the gross income from	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. D	s of other income are alimo come; interest; dividends; r ve income that you receive	noney collected from laws d together, list it only once you listed in line 4.	uits; royalties; and under Debtor 1. Gross income from each source
nclude income regardless of whether that in nemployment, and other public benefit pays ambling and lottery winnings. If you are filin ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimo come; interest; dividends; r ve income that you receive to not include income that Gross income from each source (before deductions and	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions an
nclude income regardless of whether that in nemployment, and other public benefit payr ambling and lottery winnings. If you are filin ist each source and the gross income from No	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimotome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions)	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions an exclusions)
include income regardless of whether that in nemployment, and other public benefit pays ambling and lottery winnings. If you are filing ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions)	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions an exclusions)
nclude income regardless of whether that in nemployment, and other public benefit pays ambling and lottery winnings. If you are filin ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions)	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions)
rolude income regardless of whether that in nemployment, and other public benefit payr ambling and lottery winnings. If you are filin ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,)	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
nclude income regardless of whether that in nemployment, and other public benefit payrambling and lottery winnings. If you are filin ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ \$ \$ \$ \$	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
rolude income regardless of whether that in nemployment, and other public benefit payr ambling and lottery winnings. If you are filin ist each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,)	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ \$ \$ \$ \$ \$	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,)	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1: Source of Income	s of other income are alimocome; interest; dividends; rive income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ \$ \$ \$ \$ \$ \$ \$	noney collected from laws d together, list it only once you listed in line 4. Debtor 2: Source of Income	Gross income from each source (before deductions and exclusions)

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 47 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2', 27 -bk
	First Name	Middle Name	Last Name	15571-05

Part :	3:	List Ce	rtain Payment	s You Mad	e Before `	ou Filed for	Bankruptcy		
6. Are	e eithe	er Debto	r 1's or Debtor 2	's debts pri	marily cons	umer debts?			
	No.		r Debtor 1 nor De ed by an individua				. <i>Consumer debts</i> are de sehold purpose."	fined in 11 U.S.C. § 101	(8) as
		During	the 90 days before	e you filed fo	or bankruptc	, did you pay a	any creditor a total of \$7,5	575* or more?	
		☐ No	o. Go to line 7.						
		Ye	total amount y	ou paid that	creditor. Do	not include pay	7,575* or more in one or i ments for domestic supp nts to an attorney for this	ort obligations, such as	
		* Subje	ect to adjustment	on 4/01/25 ar	nd every 3 ye	ears after that f	or cases filed on or after	the date of adjustment.	
√	Yes.	Debtor	1 or Debtor 2 o	both have	primarily co	nsumer debts			
	_						any creditor a total of \$60	0 or more?	
		✓ No	o. Go to line 7.						
		Ye	creditor. Do no	ot include pay	yments for d	omestic suppor	600 or more and the total t obligations, such as chi for this bankruptcy case.	ld support and	
						Dates of payment	Total amount paid	Amount you still owe	Was this payment for
							\$	\$	Mortgage
		Cr	editor's Name						Car
		N	umber Street						Credit Card Loan Repayment
									Suppliers or vendors
		_							Other
		Ci	ty	State ZI	P Code				
Ins cor age	siders in rporation of the contract of the con	include y ons of w cluding c child sup	our relatives; any hich you are an c	general part fficer, directo s you operate	tners; relativer, person in	es of any gener control, or own	nt on a debt you owed a ral partners; partnerships er of 20% or more of thei S.C. § 101. Include paym	of which you are a gene ir voting securities; and a	eral partner; any managing
						Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
							\$	\$	
	Insid	der's Nam	е						
	Num	nber St	reet						
	Cit			State Z	IP Code				
	City			Sidle Z	ii Code				

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 48 of 56

Debtor 1	Edmund		Cheung			Case number (<i>if kı</i>	nown) 21:22-bK-
	First Name	Middle Name	Last Name				15521-DS
an	insider?	re you filed for banki			nents or transfer any	property on account of a	debt that benefited
	No.	ŭ	5 ,				
	Yes. List all pay	yments that benefited	an insider				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name				\$	\$	

State ZIP Code

Number Street

City

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 49 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2,22 -bk-
	First Name	Middle Name	Last Name	15521-DS

Pa	rt 4: Identify Legal Actions, Repos	sessions, and Foreclosures			
	Within 1 year before you filed for bankrup List all such matters, including personal injury and contract disputes.				
	No ✓ Yes. Fill in the details.				
	<u> </u>	Nature of the case	Court or agency		Status of the case
	Case title American Express National Bank	American Express National Bank suing for credit card balance	Rausch Sturm LL Court Name	Р	Pending On appeal
	Case number		250 N. Sunnyslop Number Street	e Road Suite 300	Concluded
			Brookfield	WI 53005	_
			City	State ZIP Code	
	Yes. Fill in the information below.	Describe the property		Date	Value of the property
	Creditor's Name		Decrete annual about the transference in the second against the second transference and		
	Number Street	Explain what happened			
		Property was repos			
		Property was garnis			
	City State ZIP	Code Property was attack	ned, seized, or levie	ed.	
	Within 90 days before you filed for bankru accounts or refuse to make a payment bed		bank or financial i	nstitution, set off any a	amounts from your
	✓ No ✓ Yes. Fill in the details.				
	103.1 III III the details.	Describe the action the credit	or took	Date action	Amount
		positive the determinant	C. Prince Million Control Commission Control Control	was taken	,
	Creditor's Name			-	_ \$
	Ordino 3 Wallio			and the second s	
	Number Street				
		Last 4 digits of account num	iher XXXX—	international property of the control of the contro	
	City State ZIP Code	Edot 4 digito of docount fiding		**************************************	

Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 50 of 56 Case 2:22-bk-15521-NB

Edmund Cheung Case number (if known) First Name Middle Name Last Name 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Describe the gifts Person to Whom You Gave the Gift Person to Whom You Gave the Gift	
creditors, a court-appointed receiver, a custodian, or another official? No	,21-DS
3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Vo Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Person to Whom You Gave the Gift Person to Whom You Gave the Gift	
✓ No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Describe the gifts Dates you gave the gifts Person to Whom You Gave the Gift \$	
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts the gifts Person to Whom You Gave the Gift Dates you gave the gifts Yalu Ferson to Whom You Gave the Gift	
Gifts with a total value of more than \$600 Describe the gifts Person to Whom You Gave the Gift Dates you gave the gifts Person to Whom You Gave the Gift	
Person to Whom You Gave the Gift	e
	_
Number Street	
City State ZIP Code	
Person's relationship to you 4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to	any charity?
✓ No	
Yes. Fill in the details for each gift or contribution.	
Gifts or contributions to charities Describe what you contributed Date you Valu that total more than \$600 contributed	e
Charity's Name	
Number Street	
City State ZIP Code	
Part 6: List Certain Losses	
15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, o disaster, or gambling?	ther
✓ No	
Yes. Fill in the details.	

Debtor 1 Edmund

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 51 of 56

Debtor 1	Edmund	Cheun	g	Case number (if known)	2:22-bk.
	First Name Middle N	lame Last Na	ime		2:22-bk
	Describe the property you los how the loss occurred		Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
					\$
Part 7					
you Inclu	consulted about seeking b	ankruptcy or prepa	you or anyone else acting on your behalf pay or tra aring a bankruptcy petition? or credit counseling agencies for services required in y		о апуопе
	Yes. Fill in the details.				
			Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid				\$
	Number Street				
	City Sta	te ZIP Code			
	Email or website address				
	Person Who Made the Paymen	t, if Not You			
orq od	hin 1 year before you filed f mised to help you deal with not include any payment or tra No	your creditors or	you or anyone else acting on your behalf pay or tra to make payments to your creditors? d on line 16.	ansfer any property t	o anyone who
	Yes. Fill in the details.				
			Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid				\$
	Number Street				
	City Sta	ite ZIP Code		erentament tummer tum	

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 52 of 56

	Edmund First Name	Middle Name	Cheung Last Name		Case number (if known	n) 2,22-34
	i nacivallie	MINOUE NAITIE	Last Ivallie		155	21-DS
tran	sferred in the or	dinary course of yo	ruptcy, did you sell, trade, or otherwise turbusiness or financial affairs?			
			have already listed on this statement.		, gaga an year pro	
\checkmark	No					
	Yes. Fill in the de	etails.	Description and value of property transferred		operty or payments ts paid in exchange	Date transfe was made
	Person Who Rece	eived Transfer				
	Number Street			Action (Control of Parts)		And described of the second of
	City Person's relations	State ZIP C	ode			
			kruptcy, did you transfer any property to d asset-protection devices.)	a self-settled trust	or similar device of v	which you
7	No					
✓	No Yes. Fill in the de	etails.	Description and value of the prop	erty transferred		Date transfe was made
		etails.	Description and value of the prop	erty transferred		Date transfe was made
	Yes. Fill in the de	etails.	Description and value of the prop	erty transferred		
	Yes. Fill in the de		Description and value of the property of the p		e Units	
With clos	Name of trust List Certa hin 1 year before sed, sold, moved ude checking, se	in Financial Acco e you filed for bankr d, or transferred? avings, money mark	ounts, Instruments, Safe Deposit Bounts, were any financial accounts or insect, or other financial accounts; certificat	oxes, and Storag struments held in yourses of deposit; shar	our name, or for your	was made
With close	Name of trust List Certa hin 1 year before sed, sold, moved ude checking, se	in Financial Acco e you filed for bankr d, or transferred? avings, money mark pension funds, coop	ounts, Instruments, Safe Deposit B uptcy, were any financial accounts or in	oxes, and Storag struments held in yourses of deposit; shar	our name, or for your	was made
with sclossinch	Name of trust List Certa hin 1 year beforesed, sold, moved ude checking, so	in Financial Acco e you filed for bankr d, or transferred? avings, money mark pension funds, coop	ounts, Instruments, Safe Deposit Bounts, were any financial accounts or insect, or other financial accounts; certificat	oxes, and Storag struments held in yourses of deposit; shar	our name, or for your	was made benefit, nions,
Tt 8	Name of trust List Certa hin 1 year beforesed, sold, moved ude checking, si kerage houses, I No Yes. Fill in the de	e you filed for bankr d, or transferred? avings, money mark pension funds, coop	ounts, Instruments, Safe Deposit Buptcy, were any financial accounts or instet, or other financial accounts; certificate peratives, associations, and other finance	estruments held in your sess of deposit; share it institutions. Type of account or instrument Checking	our name, or for your es in banks, credit ur Date account was closed, sold, moved,	was made benefit, nions,
Tt 8	Name of trust List Certa hin 1 year beforesed, sold, moved ude checking, so	e you filed for bankr d, or transferred? avings, money mark pension funds, coop etails.	punts, Instruments, Safe Deposit Buptcy, were any financial accounts or instet, or other financial accounts; certificatives, associations, and other financial account number	estruments held in your struments held in your struments held in your strument strument or instrument	our name, or for your es in banks, credit ur Date account was closed, sold, moved,	benefit, nions, Last balance befo

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 53 of 56

otor 1	Edmund		Cheung	Case number (if known)	5:55-PK
	First Name	Middle Name	Last Name	Case number (<i>if known</i>)	5521-DS
out has it is the wideful that it,		and a second of the first of th			
	City	State ZIP Code			
Do sec	you now have, o urities, cash, or	or did you have within 1 yother valuables?	year before you filed for bankruptcy, any safe d	eposit box or other depository	for
✓	No				
	Yes. Fill in the d	letails.			
			Who else had access to it?	Describe the contents	Do you still have it?
	Name of Financia	al Institution	Name		☐ No ☐ Yes
	Number Street	:	Number Street	-	
		200			
	City	State ZIP Code	City State ZIP Code		
. Ha	ve you stored p No Yes. Fill in the c		or place other than your home within 1 year bef	fore you filed for bankruptcy?	
			Who else has or had access to it?	Describe the contents	Do you still have it?
	Name of Storage	Facility	Name	- :	☐ No☐ Yes
	Number Street	t	Number Street	i :	
	City	State ZIP Code	City State ZIP Code		
			is an area and a second a second and a second		NEW PORT OF THE PROPERTY OF TH
art 9	Identify F	Property You Hold or	Control for Someone Else		
3. Do	you hold or con	ntrol any property that so	meone else owns? Include any property you bo	orrowed from, are storing for,	
or l	nold in trust for	someone.			
✓	No				
_	No Yes. Fill in the o	details.			

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 54 of 56

Cheung

	First Name Mid	dle Name Las	t Name			15521-DS
	n 1986 e Ariento do anties Sobribliado Austria no constados sistem procumentamento e comunidade e constante e			CONTRACTOR AND CONTRA	3	<u> </u>
	Owner's Name		_			
	Number Street		Number Street			
	City	State ZIP Code	City	State ZIP Cod	9	Name of the second seco
Part	10: Give Details Abo	out Environment	al Information			
For th	ne purpose of Part 10, the	following definitio	ns apply:			
■ <i>En</i>	<i>vironmental law</i> means an zardous or toxic substan	y federal, state, or ices, wastes, or ma	local statute or regulation	oil, surface wate	ollution, contamination, releases of er, groundwater, or other medium, or material.	
	e means any location, fac lize it or used to own, op			ronmental law,	whether you now own, operate, or	
			mental law defines as a h taminant, or similar term.		e, hazardous substance, toxic	
Repo	rt all notices, releases, a	nd proceedings tha	t you know about, regard	less of when th	ey occurred.	
24. Ha	ıs any governmental unit	notified you that y	ou may be liable or poten	itially liable und	ler or in violation of an environment	tal law?
✓	7		,	•		
	Yes. Fill in the details.					
			Governmental unit		Environmental law, if you know it	Date of notice
	Name of site		Governmental unit	·		
	Number Street		Number Street			
	City	State ZIP Code	City State	ZIP Code		
25 H a	ave you notified any gove	ernmental unit of ar	ny release of hazardous m	naterial?		
-0. (√		innemarant or ar	ny release of mazaraous m	ilatoriai.		
	Yes. Fill in the details.					
			Governmental unit		Environmental law, if you know it	Date of notice
	Name of site		Governmental unit			
	Number Street		Number Street		I	u. vař
				 		
	City	State ZIP Code	City State	ZIP Code		
	~11.j	Clair Zii Oode	Ony Otale			

Debtor 1 Edmund

Case 2:22-bk-15521-NB Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 55 of 56

Debtor 1	Edmund		Cheung	Case number (if known) 2:22 bk
	First Name	Middle Name	Last Name	 15521-DS

No			
Yes. Fill in the details	S.		
		Court or agency	Nature of the case Status o
		Court of agency	case
Case title			Pen
		Court Name	On a
Case number			Con
		Number Street	
		City State ZIP Code	
	100	- Ver Appear of As Commonweal Common State C	
11: Give Details	About Tour Busines	ss or Connections to Any Business	
An owner or at	least 5% of the voting	or equity securities of a corporation	
── No. None of the abo	ove applies. Go to Par apply above and fill ir	nt 12. In the details below for each business. Describe the nature of the business	Employer Identification number Do not include Social Security number o
Yes. Check all that EquiSys Group, LLC Business Name	ove applies. Go to Par apply above and fill in	rt 12. n the details below for each business.	Do not include Social Security number o
No. None of the above the All that a second the second that second t	ove applies. Go to Par apply above and fill in	n the details below for each business. Describe the nature of the business E-commerce business selling goods on Amazon	Do not include Social Security number o
No. None of the about Yes. Check all that EquiSys Group, LLC Business Name	ove applies. Go to Par apply above and fill in	t 12. n the details below for each business. Describe the nature of the business E-commerce business selling goods on Amazon Name of accountant or bookkeeper	Do not include Social Security number of EIN: 82-4884904
EquiSys Group, LLC Business Name 4712 Admiralty Way	ove applies. Go to Par apply above and fill in	n the details below for each business. Describe the nature of the business E-commerce business selling goods on Amazon	Do not include Social Security number of EIN: 82-4884904
No. None of the about 1995. Check all that 1995. EquiSys Group, LLC Business Name 4712 Admiralty Way	ove applies. Go to Par apply above and fill in	t 12. n the details below for each business. Describe the nature of the business E-commerce business selling goods on Amazon Name of accountant or bookkeeper	Do not include Social Security number of EIN: 82-4884904 Dates business existed
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Doc 23 Filed 12/13/22 Entered 12/15/22 17:18:43 Desc Main Document Page 56 of 56 Case 2:22-bk-15521-NB

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